09983

09938 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg 22
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 67 E. Main St. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Frostburg 22
STREET ADDRESS (If rural, give location) 67 E. Main St.

3. NAME OF DECEASED: (Type or Print) (First) Julius (Middle) (Last) Abramson

4. DATE OF DEATH (Month) Nov. (Day) 5 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: July 10-1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: (son) Chester Abramson, Petersburg, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Coronary sclerosis	?
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. V. Deming M.D. H. V. Deming M. D. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED Nov. 5-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Nov. 7, 1954 | NAME OF CEMETERY OR CREMATORY East View Cemetery | LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REG. Nov. 7, 1954 | REGISTRAR'S SIGNATURE Mrs. Nancy N. Fox | **24. FUNERAL DIRECTOR** ADDRESS John J. Hafer, Cumberland, Maryland

11-9-54

RECEIVED
10 1954
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09939

09936

DR. HIMMELWRIGHT

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND 02
LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND 02 (Inside City Limits)
STREET ADDRESS (If rural give location) RT. #2, WINIFRED ROAD

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) (Last) AHERN

4. DATE OF DEATH: (Month) NOV. (Day) 13 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: JANUARY 30, 1883

9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10B. KIND OF BUSINESS OR INDUSTRY: Hotel Prince George, Cicero, ILL.

11. BIRTHPLACE (State or foreign country): WESTERNPORT, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Janitor Unknown

14. MOTHER'S MAIDEN NAME: Catherine Ahern

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

0028

IMMEDIATE CAUSE (A) Pulmonary Tuberculosis

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/11, 1954, to 11/13, 1954, that I last saw the deceased alive on 11/12, 1954, and that death occurred at 3:05 A M, from the causes and on the date stated above.

SIGNATURE Winston Himmelwright M.D. ADDRESS 133 Va. Ave, Cumberland DATE SIGNED 11/13/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11/15/54

NAME OF CEMETERY OR CREMATORY Zion Memorial Park

LOCATION (City, town, or county) (State) Near Cumberland Md

DATE REC'D BY LOCAL REGISTRAR Nov 15, 1954

REGISTRAR'S SIGNATURE Walter R. Hartz, M.D.

24. FUNERAL DIRECTOR John J. Hafer ADDRESS Cumberland Md.

M

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-54

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09995 2411 N. Charles Street, Baltimore 09990

CERTIFICATE OF DEATH

Reg. Dist. No. 14

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellerslie; LENGTH OF STAY (in this place) 42 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellerslie; STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print): (First) Edna (Middle) Pearl (Last) Bagley

4. DATE OF DEATH (Month) (Day) (Year): Nov. 29, 1954

5. SEX: Female (Male)

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: Sept. 1, 1892

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Cooks Mills, Bedford Co., Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Emerick

14. MOTHER'S MAIDEN NAME: Anna Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Ross Bagley, Ellerslie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval between onset and death: 5 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) ; (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1949, to Nov. 29, 1954, that I last saw the deceased alive on Nov 29, 1954, and that death occurred at 9:40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Clyde Topper MD — ADDRESS: Hyndman Pa — DATE SIGNED: 11/30/54

23. BURIAL, CREMATION / REMOVAL (Specify): Burial; DATE THEREOF: Dec. 2, 1954; NAME OF CEMETERY OR CREMATORY: Cooks Mills Cemetery; LOCATION (City, town, or county) (State): Hyndman, Pa. RD#1

DATE REC'D BY LOCAL REG.: Dec 2nd 1954; REGISTRAR'S SIGNATURE: J Lloyd Wolfe

24. FUNERAL DIRECTOR: Harvey H. Zeigler, Hyndman, Pa — ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 6 1954
BUREAU V. S.

09934 09941

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg 22
LENGTH OF STAY (in this place) 10 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Barton X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) Anthoney (Last) Bean

4. DATE OF DEATH (Month) Nov. (Day) 25 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Sept.3-1889	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Coal Miner	Mining coal	Cross, W.Va.	U.S.A.

13. FATHER'S NAME: John F. Bean

14. MOTHER'S MAIDEN NAME: Sarah Barnhill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-03-5977

17. INFORMANT & ADDRESS: (son) James Bean, Lonaconing, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Laceration of brain	10 Hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Fractured skull	
	DUE TO (c)	Hit by an auto.	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc.) INJURY Route 36 Highway	21c. (City or town) Barton	(County) Allegany	(State) Md.

21d. TIME (Month) (Day) (Year) OF INJURY Nov.24/54	(Hour) 9:30 P. M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Walking on highway near home and was hit by an auto.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H. V. Deming M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ M. D. ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED Nov.25-1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-27-54	St. Gabriels Cemetery	Barton, Md.

DATE REC'D BY LOCAL REG. 11-27-54 REGISTRAR'S SIGNATURE Dr. Nancy N. Roe

24. FUNERAL DIRECTOR E. S. Boal ADDRESS Westernport, Md

VS. A15A - 5 - 53

RECEIVED
DEC 2 1954
BUREAU V. S.

Outside of City limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09942

09996

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near Cumberland, rural X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route I Cumberland, Md. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, rural X
STREET ADDRESS (If rural give location) Route I Cumberland

3. NAME OF DECEASED: (Type or Print) (First) Ellen (Middle) Christina (Last) Beck

4. DATE OF DEATH: (Month) Nov. (Day) 3 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3/19/1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H Brown

14. MOTHER'S MAIDEN NAME: Mary Laird

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Miss Mildred Beck Rt. I Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Angina pectoris — Interval Between Onset And Death: 1 hr

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertention — 7 yrs
DUE TO (c) Chronic myocarditis Arteriosclerosis — 7 yrs

420.2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1947, to Nov. 3, 1954, that I last saw the deceased alive on Nov. 3, 1954, and that death occurred at 8 A., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Emma R Everhart MD 36 Green St Cumberland Md 11/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/6/54
NAME OF CEMETERY OR CREMATORY Greenmount Cemetery
LOCATION (City, town, or county) (State) Cumberland Maryland

DATE REC'D BY LOCAL REGISTRAR Nov 5, 1954
REGISTRAR'S SIGNATURE Hunter R Grant, M.D.

24. FUNERAL DIRECTOR Louis Stein, Inc. ADDRESS Cumberland, Md.

VS. A15

RECEIVED
NOV 9 1954
BUREAU V. S.

09985

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09943

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg — LENGTH OF STAY (in this place) 49 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Centennial St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) Centennial St.

3. NAME OF DECEASED (Type or Print): (First) Noah (Middle) (Last) Beeman

4. DATE OF DEATH: (Month) Nov. (Day) 16 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 5, 1875

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor Columbia Corp.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Lonaconing, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Moe Beeman

14. MOTHER'S MAIDEN NAME: Mizzi Boss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 220-10-9374

17. INFORMANT AND ADDRESS: Mrs Raymond Winner, Frostburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac Dilatation	1 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Thrombosis	4 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 12, 1954, to Nov 16, 1954, that I last saw the deceased alive on Nov 16, 1954, and that death occurred at 5:10 P m., from the causes and on the date stated above.

SIGNATURE: W D McLane (Degree or title) MD — ADDRESS: Frostburg Md — DATE SIGNED: Nov 17 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 19-54 — NAME OF CEMETERY OR CREMATORY: Memorial Park — LOCATION (City, town, or county) (State): Frostburg, Md

DATE REC'D BY LOCAL REG.: 11-19-54 — REGISTRAR'S SIGNATURE: Mrs Nancy N. Roe

24. FUNERAL DIRECTOR: George Eichhorn — ADDRESS: Lonaconing, Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Within corporate limits

DR HIMMELWRIGHT

09937

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09944

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND; LENGTH OF STAY (In this place) 13 DAYS; HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND; STREET ADDRESS (If rural give location) 121 OFFUTT STREET

3. NAME OF DECEASED: (First) JOHN (Middle) I. (Last) BOONE

4. DATE OF DEATH: (Month) NOV. (Day) 22 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: Aug. 16, 1877

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Tie Plant

11. BIRTHPLACE (State or foreign country): Hanging Rock, W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jasper I. BOONE

14. MOTHER'S MAIDEN NAME: Sarah Dean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 232-10-5618

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: Appx 3 wks

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arteriosclerotic Hypertensive Cardiovascular Disease

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954 to 11/22, 1954, that I last saw the deceased alive on 11/22, 1954, and that death occurred at 9:50P M, from the causes and on the date stated above.

SIGNATURE J. Quinton Himmelwright M. D. — ADDRESS 133 Va. Ave, Cumberland, Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 11-25-54 — NAME OF CEMETERY OR CREMATORY: Rio Cem. — LOCATION (City, town, or county) (State): Rio W.Va.

DATE REC'D BY LOCAL REGISTRAR: Nov. 24, 1954 — REGISTRAR'S SIGNATURE: Winter R. Fauntz, M.D.

24. FUNERAL DIRECTOR: James F. Scarpelli — ADDRESS: Cumberland, Md.

VS. A15—10-53

1

RECEIVED
NOV 30 1954
BUREAU V. S.

09945

MARYLAND 09997

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 8

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
LENGTH OF STAY (in this place) 85yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS East Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
STREET ADDRESS (If rural, give location) East Main Street

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) George (Last) Bradley

4. DATE OF DEATH: (Month) (Day) (Year) Nov, 25. 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug, 23.1869

9. AGE last birthday: 85 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired School Teacher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Lonaconing

12. CITIZEN OF WHAT COUNTRY: U/S/A

13. FATHER'S NAME: George Bradley

14. MOTHER'S MAIDEN NAME: Mary Ann Lowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: James Bradley, Pittsburgh, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval between onset and death: 2 weeks.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 5 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to Nov 25th, 1954, that I last saw the deceased alive on Nov 25th, 1954, and that death occurred at 12 20 P m., from the causes and on the date stated above.

SIGNATURE George Eichhorn (Degree or title) M.D. ADDRESS Lonaconing Md DATE SIGNED 11/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Nov, 28.1954 | NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery | LOCATION (City, town, or county) (State) Lonaconing, Md.

DATE REC'D BY LOCAL REG. 11-28-54 | REGISTRAR'S SIGNATURE Jannette M Brall

24. FUNERAL DIRECTOR George Eichhorn, ADDRESS Lonaconing, Md.

Within corporate limits

Dr. Lay

Scarpelli Home

Funeral

09938

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09946

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH.
COUNTY: Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cumberland
MARYLAND LENGTH OF STAY (in this place): 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE: Maryland COUNTY: Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cumberland, Maryland
STREET ADDRESS (If rural give location): 400 Maryland Avenue

3. NAME OF DECEASED: (Type or Print) (First) Eva (Middle) Anna (Last) Burrall

4. DATE OF DEATH: (Month) 11/22/54 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 7 1891

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: ownhome

11. BIRTHPLACE (State or foreign country): Eckhart, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Lavin

14. MOTHER'S MAIDEN NAME: Rebecca Fulk

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS. Patient's Chart

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Myocardial Degeneration

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/19, 19 54, to 11/22, 19 54, that I last saw the deceased alive on 11/22, 19 54, and that death occurred at 8 P. M, from the causes and on the date stated above.

SIGNATURE: Jerrold Lay Jr M D.

ADDRESS: 458 N. Centre St.

DATE SIGNED: 11/23/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: II-26-54

NAME OF CEMETERY OR CREMATORY: St. Mary's Cem.

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: Nov. 24, 1954

REGISTRAR'S SIGNATURE: Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: James F. Scarpelli Cumberland, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-5

NOV 30 1
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09939

CERTIFICATE OF DEATH

09947

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 12; LENGTH OF STAY (in this place) 18 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural give location) 109 Decatur St.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Maude Blue Chase

4. DATE OF DEATH: (Month) (Day) (Year) 11-26-54 19

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorced

8. DATE OF BIRTH 12-18-84

9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Own Home

10B. KIND OF BUSINESS/INDUSTRY: Retired Housekeeper-Private Home

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Blue

14. MOTHER'S MAIDEN NAME: Mary Umstot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-34-1216

17. INFORMANT & ADDRESS: Patients chart.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174X

IMMEDIATE CAUSE (A) Carcinoma of the uterus — INTERVAL BETWEEN ONSET AND DEATH: 8 mos.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Carcinomatosis — 9 days

DUE TO (C) — 2 mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 17, 1954, to Nov. 26, 1954 that I last saw the deceased alive on Nov. 25, 1954, and that death occurred at 6:15 A.M. from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS 105 S. Centre St. DATE SIGNED 11-26-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11/28/54 — NAME OF CEMETERY OR CREMATORY Hill Cemetery — LOCATION (City, town, or county) (State) Springfield, W. Va.

DATE REC'D BY LOCAL REGISTRAR Nov. 27, 1954 — REGISTRAR'S SIGNATURE Walter L. Lantz, M.D.

24. FUNERAL DIRECTOR ADDRESS H. Lee Silcox- Cumberland, Md.

RECEIVED
NOV 30 1954
BUREAU V. S.

DR. DURRETT

09940

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09949

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND,
MARYLAND
LENGTH OF STAY (in this place) 4 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL & WARWICK AVES.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OLDTOWN,
STREET ADDRESS (If rural give location) Oldtown, Md.

3. NAME OF DECEASED: (Type or Print) (First) FLORA (Middle) C. (Last) CRABTREE

4. DATE OF DEATH: (Month) NOV. (Day) 24 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JUNE 23, 1880

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: ownhome

11. BIRTHPLACE (State or foreign country): OLDTOWN, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN PENNELL

14. MOTHER'S MAIDEN NAME: WILMINA TWIGG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Rexford Crabtree Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Uraemia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSE (B) DUE TO Myocarditis — 6 mos

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Arteriosclerosis — 2 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 19, 1954, to Nov. 24, 1954 that I last saw the deceased alive on Nov. 23, 1954, and that death occurred at 11:10AM, from the causes and on the date stated above.

SIGNATURE Clark S. Lowe M.D. ADDRESS M. D. Cumberland DATE SIGNED 11/24/54.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF II-26-54

NAME OF CEMETERY OR CREMATORY Oldtown Cem.

LOCATION (City, town, or county) (State) Oldtown, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 26, 1954

REGISTRAR'S SIGNATURE Winter R. Hauty M.D.

24. FUNERAL DIRECTOR ADDRESS James F. Scarpelli Cumberland, Md.

NOV 30 1954

BUREAU V. S.

09986 MARYLAND STATE DEPARTMENT OF HEALTH 09950

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Frostburg — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 22 Green Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE West Virginia — COUNTY Preral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keyser
STREET ADDRESS (If rural, give location) R#1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alberta	Louise	Crawford	Nov.	23,	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Oct. 4, 1870	84 yrs.	1	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife		Mineral Co., W. Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	none	Clarence Crawford, Keyser, W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	3hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis	years.
	(c) Diabetes Mellitus	years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov. 17, 1954, to Nov. 23, 1954, that I last saw the deceased alive on Nov. 23, 1954, and that death occurred at 9:40 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John B. Davis	M.D.	Frostburg, Md	11/23/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-26-54	Queens Point Cemetery	Keyser, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-26-54	Mrs Nancy N. Roe	Rogers Funeral Home	Keyser, W.Va.

R.J.-WMS.

09941

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09951

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, MARYLAND
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MARYLAND
STREET ADDRESS (If rural give location) 218 GLENN ST.

3. NAME OF DECEASED: (Type or Print) (First) NANCY (Middle) AGNES (Last) DEAL

4. DATE OF DEATH (Month) NOV. (Day) 1 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: MARCH 29, 1865

9. AGE last birthday 89 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper at Home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): PENNA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: EDWIN DEAL

14. MOTHER'S MAIDEN NAME: NANCY LEPLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: C. Conrad, Ind.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Ravaged Age —

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/01/54 19 ..., to 11/1/54, 19 ..., that I last saw the deceased alive on 10/31/54 19 ..., and that death occurred at 7:25 AM, from the causes and on the date stated above.

SIGNATURE R. Williams M. D. ADDRESS Cumberland, Md. DATE SIGNED 11/1/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11-4-54 | NAME OF CEMETERY OR CREMATORY Union Cemetery | LOCATION (City, town, or county) Meyersdale, Pa. (State)

DATE REC'D BY LOCAL REGISTRAR Nov. 1, 1954 | REGISTRAR'S SIGNATURE Winter L. Hauck, M.D.

24. FUNERAL DIRECTOR H. LeeSilcox-Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

09987

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09952

CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; LENGTH OF STAY (in this place) 10 dys.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Midland; STREET ADDRESS (If rural, give location) Paradise Street

3. NAME OF DECEASED (Type or Print): (First) Richard; (Middle) Nevin; (Last) Eillott (Elliott)

4. DATE OF DEATH (Month) (Day) (Year): Nov, 18. 1954 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May, 24. 1881

9. AGE last birthday: 73 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oiler

10b. KIND OF BUSINESS OR INDUSTRY: Celanese Corp.

11. BIRTHPLACE (State or foreign country): Lonaconing, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John B. Eillett (Elliott)

14. MOTHER'S MAIDEN NAME: Savilla Shockey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: 214-07-1892

17. INFORMANT AND ADDRESS: Mrs. Ethel Eillott (Wife)

18. MEDICAL CERTIFICATION — Midland, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Liver — Interval Between Onset and Death: 6 Mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) ; (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov 16 1954

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Liver

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May ....., 1954, to Nov 18, 1954, that I last saw the deceased alive on Nov 17, 1954, and that death occurred at 5:15 A.m., from the causes and on the date stated above.

SIGNATURE: Wm C Lane (Degree or title) MD | ADDRESS: Frostburg Md | DATE SIGNED: Nov 19 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Nov, 20. 1954 | NAME OF CEMETERY OR CREMATORY: Memorial Park | LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG.: 11-20-54 | REGISTRAR'S SIGNATURE: Mrs. Nancy N. Rae

24. FUNERAL DIRECTOR: George Eichhorn, Lonaconing, Md. ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

09988 MARYLAND STATE DEPARTMENT OF HEALTH 09953

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Miner's Hospital; STATE MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) (Last) Ferree

4. DATE OF DEATH: (Month) Nov (Day) 15 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sing

8. DATE OF BIRTH: Nov 13 1954

9. AGE last birthday: yrs.; If under 1 year: Months. Days 2. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frostburg Md

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Robert C Ferree

14. MOTHER'S MAIDEN NAME: ~~Robert C~~ Lois Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Lois C Ferree

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7615

Immediate cause (a) Prematurity — Interval Between Onset and Death: 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Premature Rupture of Membranes (maternal)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 13, 1954, to Nov 15, 1954, that I last saw the deceased alive on Nov 15, 1954, and that death occurred at 8:40 A.M., from the causes and on the date stated above.

SIGNATURE: Wm C Lane (Degree or title) MD ADDRESS: Frostburg Md DATE SIGNED: Nov 15 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: Nov. 15 1954; NAME OF CEMETERY OR CREMATORY: Eckhart; LOCATION (City, town, or county) (State): Eckhart Allegany Md.

DATE REC'D BY LOCAL REG. 11-18-54; REGISTRAR'S SIGNATURE: Mrs Nancy N. Roe

24. FUNERAL DIRECTOR: J R Durst; ADDRESS: Frostburg

20X+32531

NOV

09954

MARYLAND 09998

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 8

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lonaconing
LENGTH OF STAY (in this place) 84 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jackson Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
STREET ADDRESS (If rural, give location) Jackson Street

3. NAME OF DECEASED (Type or Print) (First) John (Middle) J (Last) Foote

4. DATE OF DEATH (Month) Nov, (Day) 24 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH May, 25. 1870

9. AGE last birthday 84 yrs.

If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY Own Farm

11. BIRTHPLACE (State or foreign country) Lonaconing

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Foote

14. MOTHER'S MAIDEN NAME Elizabeth Buckell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Mrs. Raymond Metz, Lonaconing, md. (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 6 weeks

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized Arteriosclerosis — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953., to 24 Nov, 1954., that I last saw the deceased alive on 24 Nov, 1954, and that death occurred at 7.30 p m., from the causes and on the date stated above.

SIGNATURE Kenneth Richards MD (Degree or title)

ADDRESS Lonaconing Md

DATE SIGNED 11-27-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE Nov, 27. 1954

NAME OF CEMETERY OR CREMATORY Memorial Park

LOCATION (City, town, or county) Frostburg, Md. (State)

DATE REC'D BY LOCAL REG. 11-27-54

REGISTRAR'S SIGNATURE Jeannette M Boal

24. FUNERAL DIRECTOR George Eichhorn, Lonaconing, Md.

ADDRESS

Within corporate limits

Dr. Limerick

09942

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09955

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland,
MARYLAND LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 120 Greene St.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland,
STREET ADDRESS (If rural give location) 120 Greene St.,

3. NAME OF DECEASED: (Type or Print) (First) DAISY (Middle) VIOLA (Last) FOOTER

4. DATE OF DEATH: (Month) Nov. (Day) 25, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 31, 1869

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Clearspring, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Cornelius Wolfe

14. MOTHER'S MAIDEN NAME: Elmira Jacobs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If No, (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. John Brenneman Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 19 49 to Nov. 25 54 that I last saw the deceased alive on Nov. 25, 19 54 and that death occurred at 6:30 A.M., from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS 105 S. Centre St. DATE SIGNED 11-26-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11/27/54 — NAME OF CEMETERY OR CREMATORY Rose Hill Cem. — LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Nov 26, 1954 — REGISTRAR'S SIGNATURE [signature] Md

24. FUNERAL DIRECTOR Charles L. George — ADDRESS Cumberland, Md.

RECEIVED
NOV 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09956

09989 CERTIFICATE OF DEATH Reg. Dist. No. 6

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westernport
LENGTH OF STAY (in this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baughman St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport
STREET ADDRESS (If rural give location) Baughman St

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Maria (Last) Foreman

4. DATE OF DEATH: (Month) Nov (Day) 17 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 26 March 1866
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Hopewell, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Ott
14. MOTHER'S MAIDEN NAME: Lydia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Harry Foreman Maryland Ave Westernport, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 Hours

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Arterio-sclerosis — 5 Years
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Nephritis — 5 Years

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1954, to Nov. 17, 1954, that I last saw the deceased alive on Nov. 17, 1954, and that death occurred at 3:35 AM, from the causes and on the date stated above.
SIGNATURE Basil R Wilson M.D. ADDRESS Piedmont DATE SIGNED Nov. 19, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 11-20-54
NAME OF CEMETERY OR CREMATORY: Philos Cemetery
LOCATION (City, town, or county) (State): Westernport Md.

DATE REC'D BY LOCAL REGISTRAR: 11-20-54
REGISTRAR'S SIGNATURE: Mrs Jean C. Kelly
24. FUNERAL DIRECTOR: E. S. Boal ADDRESS: Westernport, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09943

CERTIFICATE OF DEATH

09957

Reg. Dist. No. 9

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
   COUNTY: Allegany — MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frostburg
   LENGTH OF STAY (in this place): 8 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY: Allegany
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
   STREET ADDRESS (If rural give location): 25 Park Avenue

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Emeline (Last) Goldsworthy

4. DATE OF DEATH: (Month) Nov. (Day) 2nd (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 20th, 1878

9. AGE last birthday: 76 yrs — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alexander Orr

14. MOTHER'S MAIDEN NAME: Amanda Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. A.C. Thompson, Cumberland, Md.

18. MEDICAL CERTIFICATION

DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A): Cerebral thrombosis — 8 days

ANTECEDENT CAUSE (B) DUE TO: arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO:

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 24, 1954, to Nov 2, 1954, that I last saw the deceased alive on Nov 1, 1954, and that death occurred at 12:00 MN, from the causes and on the date stated above.

SIGNATURE: Wm Lane M.D. — ADDRESS: Frostburg Md. — DATE SIGNED: Nov 3 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Nov. 4th, 54 — NAME OF CEMETERY OR CREMATORY: F'bg. Memorial Park — LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR: 11-4-54 — REGISTRAR'S SIGNATURE: Mrs. Nancy N. Poe

24. FUNERAL DIRECTOR — ADDRESS: Joseph R. Durst, Frostburg, Md.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09958

09944 **CERTIFICATE OF DEATH** Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland Md.
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, Md
STREET ADDRESS (If rural give location) 15 Market Street

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) [redacted] N. (Last) Graham

4. DATE OF DEATH: (Month) Nov. (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: ~~Aug~~ July 8-87

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Screen Operator

10B. KIND OF BUSINESS OR INDUSTRY: Potomac Edison Co.

11. BIRTHPLACE (State or foreign country): Berkeley Springs W. Va

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: George Graham

14. MOTHER'S MAIDEN NAME: Margaret Fearno

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-10-534

17. INFORMANT & ADDRESS: Mrs. Ruby Graham. Cumberland. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-10, 1953, to 11-6, 1954, that I last saw the deceased alive on 10-6, 1954, and that death occurred at 9:35 M, from the causes and on the date stated above.

SIGNATURE Rocco L. Baccio M.D. ADDRESS M.D. 62 Greene St Cumberland Md DATE SIGNED 11-6-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov. 9 1954 | NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park | LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 9, 1954 | REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR John J. Hofer. ADDRESS Cumberland Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND 09999

09959

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 8

1. PLACE OF DEATH
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lonaconing
MARYLAND — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Jackson Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lonaconing
STREET ADDRESS (If rural, give location): Jackson Street

3. NAME OF DECEASED (Type or Print): (First) Rebecca (Middle) E. (Last) Green

4. DATE OF DEATH: (Month) Nov. (Day) 27, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June, 27, 1876

9. AGE last birthday: 78 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Moscow, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Green

14. MOTHER'S MAIDEN NAME: Mary Ann Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Roger Green, Moscow Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 2d.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — Generalized — 5yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2 to 27 Nov, 19 54, that I last saw the deceased alive on 27 Nov, 19 54, and that death occurred at 12 30 Am., from the causes and on the date stated above.

SIGNATURE: Geo. Eichhorn, M.D. (Degree or title) ADDRESS: Lonaconing, Md. DATE SIGNED: 11/29/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Nov. 29, 1954

NAME OF CEMETERY OR CREMATORY: Laurel Hill Cemetery.

LOCATION (City, town, or county) (State): Moscow, Md.

DATE REC'D BY LOCAL REG.: 11-24-54

REGISTRAR'S SIGNATURE: Annette M Dore

24. FUNERAL DIRECTOR: George Eichhorn, ADDRESS: Lonaconing, Md.

MARGIN RESERVED FOR BINDING

(1)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DR. WEISMAN 09945 **CERTIFICATE OF DEATH** Reg. Dist. No. 09960 4

1. PLACE OF DEATH:
COUNTY ALLEGANY — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 13 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural give location) 311 BEDFORD STREET

3. NAME OF DECEASED (Type or Print): (First) BERNARD (Middle) F. (Last) GRIMINGER

4. DATE OF DEATH: (Month) NOVEMBER (Day) 28, (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: Sept. 6 1888

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Machinist

10B. KIND OF BUSINESS OR INDUSTRY: Textile Industry

11. BIRTHPLACE (State or foreign country): MARYLAND Cumberland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL E. GRIMINGER

14. MOTHER'S MAIDEN NAME: ANNIE MANLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-IO-7277

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) (1) UREMIA — INTERVAL BETWEEN ONSET AND DEATH: 13 days

ANTECEDENT CAUSE (S) DUE TO (2) PULMONARY HEART DISEASE — 10 YRS ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO (3) PULMONARY Emphysema and Fibrosis — 10 YRS ?

(C) (4) ARTERIOSCLEROSIS, General — 1 YR ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. (5) Syphilis Late Latent — ?

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1954, to Nov 28, 1954 that I last saw the deceased alive on Nov 27., 19 54, and that death occurred at 5:25 A M, from the causes and on the date stated above.

SIGNATURE AND ADDRESS OF M. D. Weisman Cumberland Md — DATE SIGNED 11/28/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: I2-I-54 — NAME OF CEMETERY OR CREMATORY: St. Patrick Cem. — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: Nov 29, 1954 — REGISTRAR'S SIGNATURE: Walter R. Frantz M.D.

24. FUNERAL DIRECTOR AND ADDRESS: James F. Scarpelli Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

09990

09961

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 1

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Lonaconing
STREET ADDRESS (If rural, give location) (58 W. Main St.) Detmold St.

3. NAME OF DECEASED: (First) Corneilus (Middle) (Last) Grindle
4. DATE OF DEATH (Month) Nov. (Day) 15 (Year) 19 54
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Nov. 2-1881
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Retired Coal Miner
10b. KIND OF BUSINESS OR INDUSTRY: Mining coal
11. BIRTHPLACE (State or foreign country): Lonaconing, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Corneilus Grindle
14. MOTHER'S MAIDEN NAME: Jennett Clarkson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 179-03-4996
17. INFORMANT & ADDRESS: Miners Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary sclerosis	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coronary sclerosis	?
	DUE TO (c) Cardiac Hypertrophy	15 yrs.
	DUE TO Hyperthorax	?

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Silicosis — ?

19a. DATE OF OPERATION: X
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. V. Deming M.D. H. V. Deming M.D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED Nov. 15-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Nov 18. 1954
NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery
LOCATION (City, town, or county) (State) Moscow, Md.

DATE REC'D BY LOCAL REG. 11-19-54
REGISTRAR'S SIGNATURE Mrs. Nancy A. Roe
24. FUNERAL DIRECTOR George Eichhorn, Lonaconing, Md
ADDRESS

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09991 09962

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
STREET ADDRESS (If rural give location) 90 W. College Ave.

3. NAME OF DECEASED (Type or Print): (First) Naomi (Middle) J. (Last) Hawkins

4. DATE OF DEATH: (Month) 11 (Day) 26 (Year) 1954

5. SEX: F. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married 8. DATE OF BIRTH: 2-19-1903 9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY: Own home 11. BIRTHPLACE (State or foreign country): Frostburg 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Horace Clark 14. MOTHER'S MAIDEN NAME: Mary Fatkin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S ADDRESS: Frostburg, Md. Mr. Victor Hawkins, 90 W. College

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (B) DUE TO Essential Hypertension — 1½ yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Obesity

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1, 1953, to 11-26, 1954, that I last saw the deceased alive on 11-26, 1954, and that death occurred at 1:45 P M, from the causes and on the date stated above.

SIGNATURE H. C. Diehl, M. D. ADDRESS Mount Lung, Md. DATE SIGNED 11/27/54.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11-29-54 — NAME OF CEMETERY OR CREMATORY Frostburg Memorial Park — LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR 11-29-54 — REGISTRAR'S SIGNATURE Mrs. Nancy N. Rose — 24. FUNERAL DIRECTOR ADDRESS Jacob Hafer, Frostburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09963

09992

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Alleganey — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Frostburg — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 42 N. Water Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural give location) 42 N. Water Street

3. NAME OF DECEASED: (Type or Print) (First) Nettie (Middle) L (Last) Harrison

4. DATE OF DEATH: (Month) Nov. (Day) 23, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 24 1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Frostburg Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry C. Shuckhart

14. MOTHER'S MAIDEN NAME: Mary L Geis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Frederick E. Harrison.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Chronic Nephritis with Uremia	48 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chronic Myocarditis	3 yrs.
	DUE TO (c) Influenza	6 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ravages of Age

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) Cumberland (COUNTY) Alleg (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 11/16/54, 19....., to 11/23/54, 19....., that I last saw the deceased alive on 11/23/54, 19..... and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE Richard J. Williams (Degree or title) MD ADDRESS Cumberland DATE SIGNED 11/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov. 26, 1954

NAME OF CEMETERY OR CREMATORY Rose Hill Cem.

LOCATION (City, town, or county) Cumberland (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 24, 1954 11-25-54

REGISTRAR'S SIGNATURE Mrs. Nancy V. Roe

24. FUNERAL DIRECTOR Louis Stein Inc. ADDRESS Cumberland Md

Eichhorn
Dr Simmons

orate limit

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09964

09946

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
MARYLAND
LENGTH OF STAY (in this place) 53 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SACRED HEART HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, Rural
STREET ADDRESS (If rural give location) FAIRGO, ROUTE #5

3. NAME OF DECEASED: (Type or Print) (First) CASPER (Middle) C. (Last) HOBEL

4. DATE OF DEATH (Month) 11-6-54 (Day) (Year) 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: 8-13-76

9. AGE last birthday: 78 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant

10B. KIND OF BUSINESS OR INDUSTRY: Grocery

11. BIRTHPLACE (State or foreign country). Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Hobel

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS. Robert Hobel, Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S) DUE TO (B) generalized arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Diabetes Mellitus

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-4, 1954 to 11-6, 1954, that I last saw the deceased alive on 11-5, 1954, and that death occurred at 9:40 AM, from the causes and on the date stated above.

SIGNATURE George M. Simmons M. D. ADDRESS Cumberland Md. DATE SIGNED 11-6-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Nov. 8, 1954 — NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery — LOCATION (City, town, or county) Lonaconing, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Nov. 8, 1954 — REGISTRAR'S SIGNATURE Wintter R. Bantz M.D.

24. FUNERAL DIRECTOR George Eichhorn — ADDRESS Lonaconing, Md

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09965

09947 CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Cumberland 02
LENGTH OF STAY (In this place) 55yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegan
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md.
STREET ADDRESS (If rural give location) 720 Hilltop Drive

3. NAME OF DECEASED: (Type or Print) (First) Doctor (Middle) Ward (Last) Hovatter

4. DATE OF DEATH: (Month) Nov. (Day) 26, (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 28, 1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Locomotive Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Phillipi, W.Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Hovatter

14. MOTHER'S MAIDEN NAME: Ellen Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 705-07-6649

17. INFORMANT & ADDRESS: Margaret C. Hovatter 720 Hilltop Dr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Nephritis Chr. Myocarditis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Stenosis Coronary DUE TO

(c) Ravages of age

Interval Between Onset And Death: 6 mos. 24 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) Cumberland (COUNTY) Allegany (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/19/54 19 20' to 11/26/54 19 .., that I last saw the deceased alive on 11/26/54 19 ..., and that death occurred at 2 20 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 11/29/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11-30-54

NAME OF CEMETERY OR CREMATORY St. Mary's Cem.

LOCATION (City, town, or county) Cumberland, Md. (State)

DATE RECD BY LOCAL REGISTRAR Nov. 29, 1954

REGISTRAR'S SIGNATURE Walter L. Lantz, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli ADDRESS Cumberland, Md.

VS. A15

Within corporate limits 09948

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09966

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cumberland
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 44 Jamont St.

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Garfield (Last) Huff

4. DATE OF DEATH (Month) Nov. (Day) 8 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept. 29-1882

9. AGE last birthday: 72 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Hostler

10b. KIND OF BUSINESS OR INDUSTRY: W.Md.R.Ry.

11. BIRTHPLACE (State or foreign country): Rawlings, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leonard Huff

14. MOTHER'S MAIDEN NAME: Elizabeth Stallings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-05-7622

17. INFORMANT & ADDRESS: (son) Carl Huff, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Intracranial hemorrhage	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	fractured skull	
	DUE TO (c)	Fall down stairs at home.	4 days
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		Sillicosis	?

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home

21c. (City or town) Cumberland (County) Allegany (State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 4-1954 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Ascending stairs, lost balance & fell backward, struck head on post.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H.V. Deming M.D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
M. D.

DATE SIGNED Nov. 9-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Nov. 11, 1954

NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park

LOCATION (City, town, or county) Cumberland

(State) Maryland

DATE REC'D BY LOCAL REG. Nov. 10, 1954

REGISTRAR'S SIGNATURE Walter R. Lantz, M.D.

27. FUNERAL DIRECTOR James F. Scarfelli

ADDRESS "

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09967

10000

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Allegany
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Corriganville
MARYLAND LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Corriganville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Lloyd (Middle) Francis (Last) Jenkins

4. DATE OF DEATH: (Month) Nov (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 27, 1859

9. AGE last birthday: 95 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Carpentry

11. BIRTHPLACE (State or foreign country): Corriganville, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Manuel Jenkins

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: D. Leslie Jenkins, Corriganville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

47.X

Immediate cause (a) Hypostatic Congest of Lungs — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Cold — 3 days

DUE TO (c) Senility 95 yrs Bedridden 1 year

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1953, to Nov 14, 1954 that I last saw the deceased alive on Nov 14, 1954, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE F. Alan G. Musser (DEGREE OR TITLE) MD ADDRESS La Vale Md DATE SIGNED Nov 15 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Nov. 17, 1954

NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. Nov 16 1954

REGISTRAR'S SIGNATURE J. Lloyd Wolfe

24. FUNERAL DIRECTOR ADDRESS Harvey H. Zeigler, Hyndman, Pa

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09969

09950

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-54

1. PLACE OF DEATH:
COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Cumberland
STREET ADDRESS (If rural give location) LaVale

3. NAME OF DECEASED: (Type or Print) (First) Pearle (Middle) Mae (Last) Kotschenreuther

4. DATE OF DEATH: (Month) 11 (Day) 27 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-22-1892

9. AGE last birthday: 62 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Keyser, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles J. McNemar

14. MOTHER'S MAIDEN NAME: Emma Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mr. Joseph P. Kotschenreuther Cumb., Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of uterus — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSE (B) DUE TO Carcinomatosis — 24 days 2 mos.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Nov. 12, 1953

19B. MAJOR FINDINGS OF OPERATION: Advanced carcinoma of the uterus.

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 3 1953 to Nov. 27, 1954, that I last saw the deceased alive on Nov. 27th 1954 and that death occurred at 9:25 P.M. from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS 105 S. Centre St. DATE SIGNED 11-29-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11-30-1954 | NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul Cem. | LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 29, 1954 | REGISTRAR'S SIGNATURE Walter R. Krantz M.D.

24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

Within corporate limits DR. TOLSON 09949

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09968

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 4 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 437 GOETHE ST.,

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) R (Last) KIMES

4. DATE OF DEATH: (Month) NOV. (Day) 26 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 9-1-1873

9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TICKET COLLECTOR - Theater

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): W.VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: KIMES, WILLLAM

14. MOTHER'S MAIDEN NAME: MOHLER, ANNA R.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-10-1639

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Benign hypertrophy of prostate — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. arteriosclerosis

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-22-, 1954 to 11-26, 1954 that I last saw the deceased alive on 11-25-1954, and that death occurred at 6:20 A M, from the causes and on the date stated above.

SIGNATURE Howard R. Tolson M.D. ADDRESS Cumberland, Md. DATE SIGNED 11-26-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11/28/54 | NAME OF CEMETERY OR CREMATORY Queens Point Cemetery | LOCATION (City, town, or county) Keyser, W.Va. (State)

DATE REC'D BY LOCAL REGISTRAR Nov. 27, 1954 | REGISTRAR'S SIGNATURE Walter K. Kautz, M.D.

24. FUNERAL DIRECTOR Louis Stein, Inc. ADDRESS Cumberland, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

RECEIVED
NOV 30 1954
BUREAU V. S.

Within corporate limits

09951

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 09970

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dead on arrival at the Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 118 Elder St.

3. NAME OF DECEASED: (Type or Print) (First) Dora (Middle) Hersel (Last) Lewis

4. DATE OF DEATH (Month) Nov. (Day) 26 (Year) 19 54

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Jan. 2-1899
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired B&O.R.Ry Laborer
10b. KIND OF BUSINESS OR INDUSTRY: B&O.R.Ry.
11. BIRTHPLACE (State or foreign country): near, Romney, W.Va,
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James William Lewis
14. MOTHER'S MAIDEN NAME: Annabelle Seymour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 705-09-9923
17. INFORMANT & ADDRESS: (wife) Evelyn R. Lewis, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary sclerosis with Angina syndrome	about 4 years
DUE TO		
	(c) also had diabetes mellitus	?

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H.V. Deming M.D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED Nov. 26-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 11/29/54
NAME OF CEMETERY OR CREMATORY Davis Memorial Cemetery
LOCATION (City, town, or county) (State) near Cumberland, Md.

DATE REC'D BY LOCAL REG. Nov. 28, 1954
REGISTRAR'S SIGNATURE Winter L. Hauck, M.D.
24. FUNERAL DIRECTOR John J. Hafer, Cumberland, Md.
ADD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5A - 5 - 53

RECEIVED
NOV 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09952 **CERTIFICATE OF DEATH** Reg. Dist. No. 09971 4

DR. JACOBSON

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 24 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY GARRETT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FRIENDSVILLE
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) HANNAH (Middle) A. (Last) LOUDERMILK

4. DATE OF DEATH: (Month) 11 (Day) 16 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: Jan. 17, 1873

9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JEFFERSON A. [redacted] Loudermilk

14. MOTHER'S MAIDEN NAME: SUSAN SISLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Acute Left Ventricular Failure	20 minutes
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Severe Myocardial disease and	??
	DUE TO	
	(C) Coronary Artery Disease	??
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Emphysema, Hiatus hernia, Chronic cystitis, Urinary retention	?? 19 days.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 23, 1954, to Nov 16, 1954, that I last saw the deceased alive on Nov 16, 1954, and that death occurred at 6:55 A M, from the causes and on the date stated above.

SIGNATURE Samuel Jacobson M.D. ADDRESS 82 Pershing St. Cumberland, Md. DATE SIGNED 11/16/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 11/18/54 NAME OF CEMETERY OR CREMATORY Usher Grade Cem. LOCATION (City, town, or county) Garrett Co. (State) Maryland

DATE REC'D BY LOCAL REGISTRAR Nov. 16, 1954 REGISTRAR'S SIGNATURE Winter R. Fautz, M.D.

24. FUNERAL DIRECTOR Louis Stemple Sons ADDRESS Cumberland, Md.

Within corporate limits

09953

09972 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Allegany MARYLAND; CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cumberland; LENGTH OF STAY (in this place) 25yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Dead on arrival at the Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 641 Henderson Ave.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) W. (Last) Markwood Jr.

4. DATE OF DEATH (Month) Nov. (Day) 28 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Feb.13-1905

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer at the Cumberland Brewing Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Morefield, W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James W.Markwood Sr.

14. MOTHER'S MAIDEN NAME: Rose E.Raines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-07-5050

17. INFORMANT & ADDRESS: (brother) Vance Markwood, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Exsanguation — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: about 5 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) 12 guage shot gun wound in left upper thigh. — DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☒ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY home

21c. (City or town) Cumberland (County) Allegany (State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 28/54 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Presume, tripped over lump of coal, gun in hand accidently discharged.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H.V.Deming M.D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ M. D. ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED Nov.28-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Dec.1 1954

NAME OF CEMETERY OR CREMATORY Rose Hill Cem.

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. Nov. 29, 1954

REGISTRAR'S SIGNATURE Walter L. Daugherty, M.D.

24. FUNERAL DIRECTOR John J. Hafer

ADDRESS Cumberland. Md.

Hafer

Within corporate limits: 09954

09974 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Allegany

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Cumberland

STREET ADDRESS (If rural, give location): 515 Washington St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ann	Mary	Mc Mullen	Nov.	22	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
female	white	widow	Aug. 28-1865	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Mt. Savage, Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Dennis Mulledy	Bridget Mc Namee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	2 weeks
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerosis	?
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Intertrochanteric fracture of left femur. — 4 months.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
7-21-1954	Fracture of left femur, reduced, splint & cast applied.	Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
	Home	Cumberland Allegany Md.

21d. TIME (Month) (Day) (Year) OF INJURY	(Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
July 19/54 A. M.	11:30		Walking across bedroom floor, foot twisted, she fell to the floor.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: H.V. Deming M.D. H. V. Deming M. D.

CHIEF MEDICAL EXAMINER ☐ / DEPUTY MEDICAL EXAMINER ☒ / ASSISTANT MEDICAL EXAM. ☐ — M. D.

DATE SIGNED: Nov. 23-1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 25/1954	St. Peter and Paul Cem.	Cumberland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 24, 1954	Wesley L. Lantz, M.D.	Charles L. Zeiger	Cumberland, Maryland

VS. A15A - 5 - 53

RECEIVED
NOV
BUREAU V. S.

DR. W.F.WMS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09975

09955

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
MARYLAND
LENGTH OF STAY (In this place) 4DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural give location) 45 MARION STREET

3. NAME OF DECEASED: (Type or Print) (First) MARTHA (Middle) A (Last) MERITT

4. DATE OF DEATH: (Month) NOV. (Day) 28 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: OCT. 10, 1881

9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): W.VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SHRADER, AL

14. MOTHER'S MAIDEN NAME: SHRADER, MARY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4H..X

IMMEDIATE CAUSE (A) DUE TO Cardiovascular renal

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO disease (uremia)

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-1-, 1954, to 11-28 1954, that I last saw the deceased alive on 11-28-, 1954, and that death occurred at 10:55 P.M., from the causes and on the date stated above.

SIGNATURE Wm. F. Williams M.D. ADDRESS Cumberland Alleg. Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12/1/54

NAME OF CEMETERY OR CREMATORY Dillcrest Cemetery

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 30, 1954

REGISTRAR'S SIGNATURE Walter R. Lantz, M.D.

24. FUNERAL DIRECTOR H. Lee Silcox ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

Within corporate limits

DR. HALLINAN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09956 **CERTIFICATE OF DEATH** 09976

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (In this place) 15 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Locust Grove Rt. #6, near Cumberland, Rural Maryland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) B. (Last) Milburn

4. DATE OF DEATH: (Month) 11 (Day) 5 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 2-13-26

9. AGE last birthday 28 yrs

IF UNDER 1 YEAR Months Days

IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) Pastry Cook HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: Hava-Lunch Rst.

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: MARK HANNA Morrantown, W. Va.

14. MOTHER'S MAIDEN NAME: JOSEPHINE Spicer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 236-32-5903

17. INFORMANT & ADDRESS: Cumberland, Md. CHArr. Sacred Heart Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Lymphatic Leucemia — INTERVAL BETWEEN ONSET AND DEATH: 3 Weeks

ANTECEDENT CAUSE (S) DUE TO (B) none

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) none

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19A. DATE OF OPERATION: None!

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) none

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) none M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 21, 1954, to Nov. 5, 1954, that I last saw the deceased alive on Nov. 5, 1954, and that death occurred at 3:30 P M, from the causes and on the date stated above.

SIGNATURE J. F. Hallinan M.D. ADDRESS 149 Seaford St. Cumberland Md. DATE SIGNED 11-6-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Nov. 9, 1954

NAME OF CEMETERY OR CREMATORY Cedar Grove Cemetery

LOCATION (City, town, or county) (State) Mt. Morris, Penna

DATE REC'D BY LOCAL REGISTRAR Nov. 7, 1954

REGISTRAR'S SIGNATURE Walter R. Stauffer, M.D.

24. FUNERAL DIRECTOR ADDRESS John J. Hafer, Cumberland, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DR. FAW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09977

09957 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, MD.
LENGTH OF STAY (in this place) 23 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL & WARWICK AVES.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LONACONING, MD.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) Catherine (Last) MILLER

4. DATE OF DEATH: (Month) NOVEMBER (Day) 12 (Year) 19 54

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED
8. DATE OF BIRTH: APRIL 16, 1876
9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): MARYLAND, Lonaconing
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS DUNN
14. MOTHER'S MAIDEN NAME: MARY ~~[illegible]~~ Foner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Memorial Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (B) DUE TO Volvulus Sigmoid colon — 3 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Arteriosclerotic vascular disease — 2+ years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. with psychosis —

19A. DATE OF OPERATION: Nov 11, 1954
19B. MAJOR FINDINGS OF OPERATION: Volvulus Sigmoid with Strangulation and Obstruction
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 11, 1954, to Nov 12, 1954, that I last saw the deceased alive on Nov 12, 1954, and that death occurred at 9:30A M, from the causes and on the date stated above.

SIGNATURE W M Faw Jr M. D. ADDRESS Cumberland Md DATE SIGNED Nov 12, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Nov. 14, 1954
NAME OF CEMETERY OR CREMATORY Methodist Cemetery
LOCATION (City, town, or county) (State) W. Savage, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov 13, 1954
REGISTRAR'S SIGNATURE Walter L. Frantz, M.D.
24. FUNERAL DIRECTOR George Eichhorn
ADDRESS Lonaconing, "

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 • 09978

09958

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
MARYLAND LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Md. COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 711 Princeton St.

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Catherine (Last) Nestor

4. DATE OF DEATH: (Month) 11 (Day) 12 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH: 5-19-75
9. AGE last birthday: 79 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Barbour Co, Tucker Co. West Virginia
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Jacob Ludwick
14. MOTHER'S MAIDEN NAME: Mary Ann Streett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs. Elmer Hovatter - Cumberland, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1½ days

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Arteriosclerosis
(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Old age, Senility

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1947, to November, 1954, that I last saw the deceased alive on 11/12, 1954, and that death occurred at 3:10 P. M., from the causes and on the date stated above.
SIGNATURE AND ADDRESS: Winfield Frantz M.D. 55 Greene St Cumberland Md
DATE SIGNED: 11/13/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11-15-1954
NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.
LOCATION (City, town, or county) (State): Cumberland, Md

DATE REC'D BY LOCAL REGISTRAR: Nov. 14, 1954
REGISTRAR'S SIGNATURE: Winfield R. Frantz M.D.
24. FUNERAL DIRECTOR AND ADDRESS: Charles L. George - Cumberland, Md.

09959

09979 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 331 Virginia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 126 Virginia Ave.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Alexander (Last) Nicewarner

4. DATE OF DEATH (Month) Nov. (Day) 17 (Year) 19 51

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Nov. 16-1882

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Railroad Trainman

10b. KIND OF BUSINESS OR INDUSTRY: Railroading.

11. BIRTHPLACE (State or foreign country): Broadway, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Conrad Nicewarner

14. MOTHER'S MAIDEN NAME: Emma Susan Reinhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 164-41-9394

17. INFORMANT & ADDRESS: (brother) John P. Nicewarner. Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary occlusion	sudden
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Coronary sclerosis	?
DUE TO			
	(c)	Arteriosclerosis with hypertention.	about 1 years.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H.V. Deming M.D. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED Nov. 17-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF Nov. 19-1954 NAME OF CEMETERY OR CREMATORY Terra Alta Cemetery LOCATION (City, town, or county) (State) Terra Alta, West Virginia

DATE REC'D BY LOCAL REG. Nov. 18, 1954 REGISTRAR'S SIGNATURE Winter K. Frantz, M.D. 24. FUNERAL DIRECTOR James F. Scarpelli ADDRESS Cumberland, Md.

5-

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0.1960

CERTIFICATE OF DEATH

09980

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Alle, any — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) 12 days — HOSPITAL OR INSTITUTION OR STREET ADDRESS Sylvan Retreat Furnace Exp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing — STREET ADDRESS (If rural give location) 131 Main

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Francis (Last) Nicol

4. DATE OF DEATH: (Month) 11 (Day) 25 (Year) 19

5. SEX: Male

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 18, 1883

9. AGE last birthday: 71 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mine

11. BIRTHPLACE (State or foreign country): Lonaconing

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Nicol

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 217-03-2527

17. INFORMANT & ADDRESS: Mrs. James Burt, Lonaconing, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Chronic Myocarditis	?
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebral arteriosclerosis	?
	DUE TO (c) Hypertension	?
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senile psychosis.	4 mos.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 12, 1954, to Nov. 25, 1954, that I last saw the deceased alive on Nov. 24, 1954, and that death occurred at 3.30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James E. McLeau M.D. — ADDRESS 49 Greene St — DATE SIGNED 11-26-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov. 28, 1954 — NAME OF CEMETERY OR CREMATORY Dye Cemetery — LOCATION (City, town, or county) (State) Lonaconing, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 28, 1954 — REGISTRAR'S SIGNATURE Walter L. Brantz, M.D.

24. FUNERAL DIRECTOR ADDRESS George Eichhorn, Lonaconing, Md.

VS. A15

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09961 09981

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Allegany MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland; LENGTH OF STAY (in this place) 9/18/54; HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lonaconing; STREET ADDRESS (If rural give location) 8 Allegany Street

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) A. (Last) Nolan

4. DATE OF DEATH (Month) (Day) (Year) November 21, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12/28/1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Lonaconing, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Peter Nolan

14. MOTHER'S MAIDEN NAME: Johanna Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Coronary Thrombosis	Sudden
DUE TO ANTECEDENT CAUSE (S) (B)	Chronic Myocarditis	?
DUE TO (C)	Cerebral arteriosclerosis	?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Senile Deterioration	?

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 18 1954, to Nov 21, 1954, that I last saw the deceased alive on Nov. 20 19 54, and that death occurred at 11:50 A M, from the causes and on the date stated above.

SIGNATURE James E. McLean M.D. M. D. ADDRESS 49 Greene St. DATE SIGNED 11-22-54.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL; DATE THEREOF NOV. 24. 1954; NAME OF CEMETERY OR CREMATORY ST. MARYS CEMETERY; LOCATION (City, town, or county) (State) LONACONING md

DATE REC'D BY LOCAL REGISTRAR Nov 23, 1954; REGISTRAR'S SIGNATURE Walter L. Frantz, M.D.; 24. FUNERAL DIRECTOR GEORGE EICHHORN, LONACONING, MD. ADDRESS

RECEIVED
NOV 30 1954
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10001

CERTIFICATE OF DEATH

09982

Reg. Dist. No. 3rd

1. PLACE OF DEATH
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural [illegible]
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural [illegible]
STREET ADDRESS (If rural, give location): Near Hancock Maryland.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Ann (Last) Norris

4. DATE OF DEATH: (Month) 11 (Day) 9 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 3.22.1866

9. AGE last birthday: 88 yrs.
If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Allegany County Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H Weitzer

14. MOTHER'S MAIDEN NAME: Charolett Warr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Daniel W Norris Rural [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1 1/4 x

Immediate cause (a) Carcinomatosis — Interval Between Onset and Death: unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Carcinoma of the uterus — unknown
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY: Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 10 1954, to Nov. 9 1954, that I last saw the deceased alive on Nov. 9, 1954, and that death occurred at 9"20P m., from the causes and on the date stated above.

SIGNATURE: Curtis Robert [illegible] (Degree or title) M. D. ADDRESS: Clear Spring, Maryland DATE SIGNED: Nov. 10, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-12-54 — NAME OF CEMETERY OR CREMATORY: Piney Plains [illegible] — LOCATION (City, town, or county) (State): [illegible]

DATE REC'D BY LOCAL REG.: 11-12 — REGISTRAR'S SIGNATURE: H A Hollet / Mrs. Fay Duckworth

24. FUNERAL DIRECTOR: Howard J Gene Hancock md — ADDRESS:

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09983

09993

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
   COUNTY: Allegany — STATE: Maryland
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frostburg
   LENGTH OF STAY (in this place): 9 hrs.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
   STATE: Md. — COUNTY: Allegany
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frostburg, Md.
   STREET ADDRESS (If rural, give location): 75 E. Main St.

3. NAME OF DECEASED (Type or Print): (First) Gust (Middle) (Last) Payseras

4. DATE OF DEATH: (Month) 11 (Day) 17 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 21 1885

9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Confectionery

10B. KIND OF BUSINESS OR INDUSTRY: Candy Making

11. BIRTHPLACE (State or foreign country): Greece

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Payseras

14. MOTHER'S MAIDEN NAME: Katherine Starrameas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.):

16. SOCIAL SECURITY NO.: 234-22-6377

17. INFORMANT & ADDRESS: Frostburg, Md. Mr George Payseras, 12 E. Main

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary occlusion, massive — INTERVAL BETWEEN ONSET AND DEATH: 9 hrs 25 min

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary Sclerosis — ?

DUE TO (C) Diabetes Mellitus — 2 yrs (known)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8:30 PM 11/16, 1954, to 5:55 AM 11/17 1954, that I last saw the deceased alive on 11/16, 1954, and that death occurred at 5:55 AM, from the causes and on the date stated above.

SIGNATURE: Frank T. Harsat — ADDRESS: M.D. Frostburg, Md. — DATE SIGNED: 11/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 11-19-1954 — NAME OF CEMETERY OR CREMATORY: Rose Dale Cem. — LOCATION (City, town, or county) (State): Martinsburg, W. Va.

DATE REC'D BY LOCAL REGISTRAR: 11-19-54 — REGISTRAR'S SIGNATURE: Mrs Nancy N Roe

24. FUNERAL DIRECTOR: Jacob Hafer — ADDRESS: Frostburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09984

09962 CERTIFICATE OF DEATH Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) Cumberland
MARYLAND LENGTH OF STAY (in this place) 90 MIN.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potamac Park, R.F.D. #6
STREET ADDRESS (If rural give location) Near Cumberland, Rural Maryland

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) B. (Last) Pearson

4. DATE OF DEATH: (Month) 11 (Day) 8 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH. Sept. 30 / 1918
9. AGE last birthday 36 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) Garage Mechanic
10B. KIND OF BUSINESS OR INDUSTRY: Sports Garage
11. BIRTHPLACE (State or foreign country): PA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Karl Pearson
14. MOTHER'S MAIDEN NAME: Catherine Lushton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war, or dates of service) W.W. II
16. SOCIAL SECURITY NO. 170-18-1960
17. INFORMANT & ADDRESS: CHART - per Mrs. Pearson

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/8 19 54, to 11/8 19 54, that I last saw the deceased alive on 11/8 19 54, and that death occurred at 3:55 P M, from the causes and on the date stated above.

SIGNATURE Leo N. Levy Jr. M. D. ADDRESS 456 N. Centre St. DATE SIGNED 11/9/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF Nov. 11-54
NAME OF CEMETERY OR CREMATORY SALISBURY I.O.O.F.
LOCATION (City, town, or county) (State) Salisbury, Somerset Co., Pa.

DATE REC'D BY LOCAL REGISTRAR Nov. 10, 1954
REGISTRAR'S SIGNATURE Winter K. Frantz, M.D.
24. FUNERAL DIRECTOR Stanley M. Thomas
ADDRESS Salisbury, Pa.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information correctly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09985

09963

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cumberland
LENGTH OF STAY (in this place): D O A
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cumberland
STREET ADDRESS (If rural give location): 620½ Columbia Ave.

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) A. (Last) Perdew

4. DATE OF DEATH: (Month) 11/25/54 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 3, 1908

9. AGE last birthday: 46 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Own business

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John M. Perdew

14. MOTHER'S MAIDEN NAME: Nellie Cessna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-05-5978

17. INFORMANT & ADDRESS: Anne Perdew, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Acute Myocardial Failure — Interval Between Onset And Death: Instantly

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Ventricular Fibrillation — Instantly

DUE TO

(c) Acute Coronary Thrombosis — 1/2 hr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Decedent Spastic ?

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 19 54, to Nov. 25 19 54, that I last saw the deceased alive on Nov. 25, 1954, and that death occurred at 8:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] m.d.

ADDRESS: Cumberland

DATE SIGNED: Nov. 27/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11/28/54

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: Nov. 28, 1954

REGISTRAR'S SIGNATURE: Walter R. Lantz, M.D.

24. FUNERAL DIRECTOR: John J. Hafer

ADDRESS: Cumberland, Md.

09994 09986

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg 22
LENGTH OF STAY (in this place) 8 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 21 Frost Ave.

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) B. (Last) Pfeiffer

4. DATE OF DEATH (Month) Nov. (Day) 11 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: May 7-1869

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Vincent Raley

14. MOTHER'S MAIDEN NAME: Mary Ann Herring

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: (daughter) Evelyn Read, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardio-vascular-renal disease — Interval Between Onset and Death: several yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Fracture of right femur. — 8 weeks.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY) Home

21c. (City or town) Frostburg (County) Allegany (State) Md.

21d. TIME OF INJURY (Month) (Day) Sept. 16/54 (Year) (Hour) P. 5 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Weak & dizzy, walked out on porch, fell & fractured right femur

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. V. Deming M.D. H. V. Deming M.D. M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED Nov. 13-1954

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial

DATE THEREOF 11-14-54

NAME OF CEMETERY OR ~~CREMATORY~~ Rose Hill

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. 11-14-54

REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR Joseph R. Durst

ADDRESS Frostburg, Md.

VS. A15A - 5 - 53

Within corporate limits.

DR. VAN ORMER

09987

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09964

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give election district) CUMBERLAND
LENGTH OF STAY (in this place) 27 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
STREET ADDRESS (If rural give location) 51 WRIGHT STREET

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) S. (Last) PLUMMER
4. DATE OF DEATH: (Month) NOV. (Day) 22 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: NOVEMBER 30, 1894
9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elevator Operator
10B. KIND OF BUSINESS OR INDUSTRY: Kelly Fire Co.
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN F. PLUMMER
14. MOTHER'S MAIDEN NAME: MARY DUVALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) No.
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-01-8802
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hypertensive Cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Uremia

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/10, 1954, to 11/22, 1954, that I last saw the deceased alive on 11/22, 1954, and that death occurred at 8:40P M, from the causes and on the date stated above.

SIGNATURE George M. Vroom M. D. ADDRESS Cumberland, Md DATE SIGNED 11/23/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Nov. 25, 1954
NAME OF CEMETERY OR CREMATORY Frostburg Memorial Park
LOCATION (City, town, or county) (State) Frostburg, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov. 24, 1954
REGISTRAR'S SIGNATURE Winter K. Franke, M.D.
24. FUNERAL DIRECTOR J. R. Hurst, ADDRESS "

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
NOV 30 1954
BUREAU V. S.

Within corporate limits:

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09988

09965 CERTIFICATE OF DEATH Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Savage
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Agnes (Middle) F. (Last) Radigan

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 26th 19 54

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE MARRIED WIDOWED DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 26th, 1901
9. AGE last birthday 53 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Bakery
11. BIRTHPLACE (State or foreign country): Lonaconing, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Stakem
14. MOTHER'S MAIDEN NAME: Margaret Jack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-18-1079
17. INFORMANT & ADDRESS: Edward Radigan, Mt. Savage, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 hours or more

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Vascular Hypertension — 10 years
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: C
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1944 to 11-26, 1954, that I last saw the deceased alive on 11-26, 1954, and that death occurred at 1:33 P.M., from the causes and on the date stated above.
SIGNATURE William E. Mosley M.D. ADDRESS Mt Savage Md. DATE SIGNED 11-27-1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Nov. 29, 54
NAME OF CEMETERY OR CREMATORY St. Patricks Cemetery
LOCATION (City, town, or county) (State) Mt. Savage, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 28, 1954
REGISTRAR'S SIGNATURE Amiel R. Frantz, M.D.
24. FUNERAL DIRECTOR ADDRESS Joseph R. Durst, Frostburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

Within corporate limits

09966

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09989

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-

1. PLACE OF DEATH: COUNTY Allegany County MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 230 Columbia Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany County; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, Maryland; STREET ADDRESS (If rural give location) 426 Furnace Street

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Rank

4. DATE OF DEATH: (Month) November (Day) 10 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: I/8/I884

9. AGE last birthday 70 yrs; IF UNDER 1 YEAR Months; Days; IF UNDER 24 HRS. Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Tailor.

10B. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John M Rank

14. MOTHER'S MAIDEN NAME: Eliabeth Howell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-22-3812

17. INFORMANT & ADDRESS. Mrs Anna C Kirby 426 Furnace St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X

IMMEDIATE CAUSE (A) Bronchogenic Carcinoma, right — INTERVAL BETWEEN ONSET AND DEATH: 22 mth.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 17 Dec. 54

19B. MAJOR FINDINGS OF OPERATION: Bronchogenic Carcinoma, rt. advanced, inoperable

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Dec., 1953, to 10 Nov., 1954, that I last saw the deceased alive on 7 Nov., 1954, and that death occurred at 2:45 A M, from the causes and on the date stated above.

SIGNATURE: Wm. Alfred V.D. Owens M.D. ADDRESS: Cumb. Md. DATE SIGNED: 10 Nov. 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial; DATE THEREOF: II/I3/54; NAME OF CEMETERY OR CREMATORY: St. Lukes Cemetery; LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: Nov. 12, 1954; REGISTRAR'S SIGNATURE: Wilbur R. Hantz, M.D.

24. FUNERAL DIRECTOR: Louis Stein, Inc. ADDRESS: Cumberland, Md.

09967

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09990 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland — LENGTH OF STAY (In this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: W.Va. COUNTY: Mineral
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Ridgely
STREET ADDRESS (If rural, give location): 2 Potomac St.

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lillie M. Reed	Nov. 28 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	widow	Oct. 19-1886	68 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Jersey City, N.J.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Viney	Sarah Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	None	Memorial Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Uremia	?
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Diabetes Mellitus	several years.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Fell off commode seat to floor and hit nose against water pipe. — 2 days

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY: home	21c. (City or town) (County) (State): Ridgely Mineral W.Va.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY: Nov. 26/54 11:00 A.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Sitting on commode seat blacked out, fell hit nose on water pipe.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: H.V.Deming M.D. H.V. Deming M.D. — M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED: Nov. 28-1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 30 1954	Rose Hill Cem.	Cumberland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 29, 1954	Wilma K. Mauk, R.D.	Charles L. Berger	" "

VS. A15A - 5 - 53

DR.W.F.WMS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09968

CERTIFICATE OF DEATH

Reg. Dist. No. 09991/4

1. PLACE OF DEATH: COUNTY ALLEGANY — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 20 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PENNA. COUNTY Bedford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BEDFORD
STREET ADDRESS (If rural give location) 233 E. Watson St.

3. NAME OF DECEASED: (First) EDNA (Middle) F. (Last) REILEY
4. DATE OF DEATH: (Month) NOV. (Day) 13 (Year) 19 54

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOVEMBER 9, 1889
9. AGE last birthday 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS C. FULTON
14. MOTHER'S MAIDEN NAME: MARGARET KEITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4321

IMMEDIATE CAUSE (A) Cerebral Embolus — INTERVAL BETWEEN ONSET AND DEATH: Short time

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Coronary Artery Heart Dis

(C) Auricular Fibrillation

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. See 19B.

19A. DATE OF OPERATION: 11-4-54
19B. MAJOR FINDINGS OF OPERATION: Exp. Cholecystitis & Cholelithiasis
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-24-1954 to 11-13-1954, that I last saw the deceased alive on 11-12-1954 and that death occurred at 7:30 AM from the causes and on the date stated above.

SIGNATURE W. F. Williams M.D. ADDRESS Cumberland DATE SIGNED 11-13-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11-16-1954
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Bedford, Pa.

DATE REC'D BY LOCAL REGISTRAR Nov. 15, 1954
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR ADDRESS [illegible]

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09992

10002 CERTIFICATE OF DEATH Reg. Dist. No. 6

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Barton
LENGTH OF STAY (in this place) 72 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) D (Last) Robertson

4. DATE OF DEATH: (Month) Nov (Day) 20 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 10 June 1882
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner retired
10B. KIND OF BUSINESS OR INDUSTRY: Coal Mine
11. BIRTHPLACE (State or foreign country): Barton, Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George D. Robertson
14. MOTHER'S MAIDEN NAME: Katherine Symons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Hatties Robertson, Barton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: 10 Years

ANTECEDENT CAUSE (B) and

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Carcinoma of lungs — 3 Months

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1949, to Nov. 20, 1954, that I last saw the deceased alive on Nov. 20, 1954, and that death occurred at 11:50P M, from the causes and on the date stated above.

SIGNATURE Paul B Wilson M.D. ADDRESS Piedmont, W.Va. DATE SIGNED Nov. 22, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11-23-54
NAME OF CEMETERY OR CREMATORY Mountain View Cem.
LOCATION (City, town, or county) (State) Boscow, Md.

DATE REC'D BY LOCAL REGISTRAR 11-23-54
REGISTRAR'S SIGNATURE Mrs Jean C. Kelly
24. FUNERAL DIRECTOR E. S. Boal, Westernport, Md. ADDRESS

Within corp. etc. ?

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09993

09969 CERTIFICATE OF DEATH Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place) 91 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 719 Shriver Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 719 Shriver Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mollie (Middle) Jeanette (Last) Rosenmerkel

4. DATE OF DEATH: (Month) Nov. (Day) 14 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow

8. DATE OF BIRTH: March 23-1863

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lavon Riley

14. MOTHER'S MAIDEN NAME: Caroline Hager

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: (daughter) Freda Rosenmerkel, City

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asthenia

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Chronic myocarditis

DUE TO (c) Generalized arteriosclerosis.

Interval Between Onset And Death: gradual several years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 4, 1949, to Nov. 14, 1954, that I last saw the deceased alive on Nov. 10, 1954, and that death occurred at 8.45 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V. Deming M.D. H.V. Deming M.D. Cumberland, Md. Nov. 14-1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Nov. 16, 1954 NAME OF CEMETERY OR CREMATORY Rose Hill Cem. LOCATION (City, town, or county) (State) Cumberland Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 15, 1954 REGISTRAR'S SIGNATURE Walter L. Mantz, M.D.

24. FUNERAL DIRECTOR ADDRESS Louis Stein Inc. Cumb. Md.

VS. A15

Within corporate limits

MARYLAND

Dr. Durrett 09970

09994

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS 113 East Elder Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 113 East Elder Street

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Wesley (Last) Ryan

4. DATE OF DEATH (Month) (Day) (Year) Nov. 13, 1954

5. SEX male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH May 13, 1873

9. AGE last birthday 81 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Tin Mill Wkr.

10b. KIND OF BUSINESS OR INDUSTRY N.K.G. Taylor Tin Plate Mill

11. BIRTHPLACE (State or foreign country) Green Ridge, Maryland

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Daniel Ryan

14. MOTHER'S MAIDEN NAME Mary Jane Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No

16. SOCIAL SECURITY No. 214-05-9056

17. INFORMANT AND ADDRESS Mrs. Hartley Wigfield, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1954 to Nov. 13, 1954 that I last saw the deceased alive on Nov. 1, 1954, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clay R. Durrett M.D. ADDRESS Cumberland DATE SIGNED 11/14/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE Nov. 16, 1954

NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park

LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REG. Nov. 16, 1954

REGISTRAR'S SIGNATURE Walter K. Rauth, M.D.

24. FUNERAL DIRECTOR John J. Hafer, Cumberland, Maryland ADDRESS

Within corporate limits.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09971

09995

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1 PLACE OF DEATH
COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
MARYLAND
LENGTH OF STAY (in this place) 3 hrs. 30min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Md. COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 753 Cleveland Ave.

3. NAME OF DECEASED: (Type or Print) Carl (First) August (Middle) Sander (Last)

4. DATE OF DEATH: (Month) November (Day) 15, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 1/8/91

9. AGE last birthday: 63 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary Treasurer

10B. KIND OF BUSINESS OR INDUSTRY: Potato Chip Manufg. Comp.

11. BIRTHPLACE (State or foreign country): Maryland Baltimore

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Louis Sander

14 MOTHER'S MAIDEN NAME: Margaret Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO 214-05-4873

17. INFORMANT & ADDRESS: Chart

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Coronary occlusion — about 5 yrs

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] 19 54 to 11/15, 19 54, that I last saw the deceased alive on 11/15, 19 54, and that death occurred at 3:35 P M, from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS 50 Frost St. DATE SIGNED 11/16/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Nov. 17, 1954 — NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery — LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov. 18 1954 — REGISTRAR'S SIGNATURE Winter L. Frantz, M.D.

24. FUNERAL DIRECTOR Charles L. George — ADDRESS "

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09996

09972

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 1 yr 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sylvan Retreat Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] Savage
STREET ADDRESS (If rural give location) New Row

3. NAME OF DECEASED: (Type or Print) (First) Edgar (Middle) Raymond (Last) Sansom

4. DATE OF DEATH: (Month) 11 (Day) 19 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: 3 4 1889

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Brick Mfg. Plant

11. BIRTHPLACE (State or foreign country): Tellersburg PA.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Percy Sansom

14. MOTHER'S MAIDEN NAME: Annie Trimble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-01-0085

17. INFORMANT & ADDRESS: Mary Sansom Mt. Savage

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Pulmonary Hypostasis — 48 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic Myocardial Degeneration — ?
DUE TO (c) Spastic paralysis, — ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental Deficiency — 14 yrs.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1952, to Nov. 19, 1954, that I last saw the deceased alive on Nov. 19, 1954 and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or Title) James E. McLean M.D. — ADDRESS 49 Frecse — DATE SIGNED 11-20-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11/22/54 — NAME OF CEMETERY OR CREMATORY Mt. Savage Meth. Cem. — LOCATION (City, town, or county) (State) Mt. Savage, Md

DATE REC'D BY LOCAL REGISTRAR Nov. 21, 1954 — REGISTRAR'S SIGNATURE Winter R. Trouty, M.D.

24. FUNERAL DIRECTOR John J. Hafer — ADDRESS Cumberland, Md.

NOV 30 1954

BUREAU V. S.

09973

09997 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cumberland City Jail

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) Allegany Inn

3. NAME OF DECEASED: (Type or Print) (First) Kenneth (Middle) Wade (Last) Sellers

4. DATE OF DEATH (Month) Nov. (Day) 9 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Oct.10-1933	21 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Magazine Salesman	Standard Circulating Co.-Westerley, R.I.	U.S.A.	

13. FATHER'S NAME: David Sellers
14. MOTHER'S MAIDEN NAME: Mabel Landis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
yes Discharged Aug. 1954	217-28-9476	(wife) Victora Twigg Sellers, City.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Asphyxia	about 5
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Strangulation (suicide)	minutes
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY City Jail	21c. (City or town) Cumberland	(County) Allegany	(State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY about 1.30 Nov. 9-1954 A. M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Tied shirt sleeves around bar cell & placed neck in loop.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H.V. Deming M.D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED Nov.9-1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 11, 1954	Forest Glenn Cemetery	Ingenuity, West Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 10, 1954	Walter K. Mauk, M.D.	Charles L. George, Cumberland, Md.	

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09974 **CERTIFICATE OF DEATH** 09998

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, Md. R2
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cresaptown
STREET ADDRESS (If rural give location) Cresap Park

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Sherman (Last)

4. DATE OF DEATH: (Month) 11 (Day) 16 (Year) 19 54

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow | 8. DATE OF BIRTH: Nov. 4, 84 | 9. AGE last birthday: 70 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): West Virginia, Grant Co. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anthony Woerner | 14. MOTHER'S MAIDEN NAME: Mary Magdalene Hutter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS: Chart, Sacred Ht. Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

14 d X

IMMEDIATE CAUSE (A) DUE TO (1) Uremia — 3 months

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO (2) Nephrosclerosis — 8 years

(C) (3) Hypertension and Arteriosclerotic Cardiovascular Disease — 8 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. (1) Diabetes (2) Obesity — 10 years

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR? 1946 I S Cwerman MD

22. I hereby certify that I attended the deceased from 1946 to 11/16, 1954, that I last saw the deceased alive on 11/15, 1954, and that death occurred at 2:15 AM, from the causes and on the date stated above.

SIGNATURE Harold G. Wiseman M.D. ADDRESS Cumberland Md DATE SIGNED 11/16/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov. 18, 1954 | NAME OF CEMETERY OR CREMATORY Woerner Cemetery | LOCATION (City, town, or county) (State) Rural, Nr, Moorefield W. Va.

DATE REC'D BY LOCAL REGISTRAR Nov. 17, 1954 | REGISTRAR'S SIGNATURE Winter R. Kantz, M.D. | 24. FUNERAL DIRECTOR ADDRESS John J. Hafer, Cumberland, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09999

09975

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 12
MARYLAND
LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 718 Maryland Avenue

3. NAME OF DECEASED: (Type or Print) (First) Clinton (Middle) C. (Last) Smith

4. DATE OF DEATH: (Month) Nov (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 9 1882

9. AGE last birthday: 72 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith

10B. KIND OF BUSINESS OR INDUSTRY: B & O. Railroad

11. BIRTHPLACE (State or foreign country): Pa. Somerset Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Smith

14. MOTHER'S MAIDEN NAME: Mary Ranker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705-05-3974

17. INFORMANT & ADDRESS: Patient's Chart

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) Uraemia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Cerebral Haemorrhage — 5 days
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 4, 1954, to Nov. 8, 1954 that I last saw the deceased alive on Nov. 8, 1954, and that death occurred at 10:50 PM, from the causes and on the date stated above.

SIGNATURE Clay E. Smith M.D. M.D. ADDRESS Cumberland DATE SIGNED 11/9/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF November 11, 1954 — NAME OF CEMETERY OR CREMATORY Hillcrest Cem. — LOCATION (City, town, or county) Cumberland (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 11, 1954 — REGISTRAR'S SIGNATURE Winter R. Mantz, M.D.

24. FUNERAL DIRECTOR John I. Hafer — ADDRESS Cumberland Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10000

10003 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) near Cumberland, Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Price Hollow Road, R.F.D. #4

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near Cumberland, Rural
STREET ADDRESS (If rural give location) Price Hollow Road, R.F.D. #4

3. NAME OF DECEASED: (Type or Print) (First) EARL (Middle) (Last) TWIGG

4. DATE OF DEATH: (Month) Nov. (Day) 14, (Year) 1954

5. SEX: M | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH Dec. 31, 1896 | 9. AGE last birthday 57 yrs. IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician | 10B. KIND OF BUSINESS OR INDUSTRY: B. & O. Rwy. | 11. BIRTHPLACE (State or foreign country): Town Creek, Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Moses Twigg

14. MOTHER'S MAIDEN NAME: Ehrman Ellis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes, (If Yes, give war or dates of service) W. W. 1 | 16. SOCIAL SECURITY NO. 705-09-9959

17. INFORMANT & ADDRESS: Mrs. Ethel Twigg Rt. [illegible]

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — Sudden

ANTECEDENT CAUSE (S) DUE TO (B) Coronary Sclerosis — 4 mos

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1954 to Nov. 14, 1954, that I last saw the deceased alive on Nov. 13, 1954 at 6:30 P.M. and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE AND TITLE OF M. D. Chas. Burnett — ADDRESS Cumberland — DATE SIGNED 11/16/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov. 17, 1954 | NAME OF CEMETERY OR CREMATORY Davis Memorial Cem. | LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov. 16, 1954 | REGISTRAR'S SIGNATURE Walter L. Frantz, M.D. | 24. FUNERAL DIRECTOR Charles L. George | ADDRESS Cumberland, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10001

09976 **CERTIFICATE OF DEATH** Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 50 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 468 Williams Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 468 Williams Street

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E. (Last) Utt

4. DATE OF DEATH: (Month) November (Day) 14 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH. August 16 1872

9. AGE last birthday 82 yrs IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Housewife

10B. KIND OF BUSINESS OR INDUSTRY: House Wife

11. BIRTHPLACE (State or foreign country): Columbia County, Penna

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Perry D. Black

14. MOTHER'S MAIDEN NAME: Elizabeth Swayze

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Donald Utt, Cumberland, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Chronic myocarditis	2 years
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Arteriosclerosis DUE TO	3 "
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 19, 1954, to Nov 14, 1954, that I last saw the deceased alive on Nov 9, 1954, and that death occurred at 5 A, M, from the causes and on the date stated above.

SIGNATURE R. W. Trewatkis, Jr M. D. ADDRESS Cumberland, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov 17 1954 | NAME OF CEMETERY OR CREMATORY Hill Crest Burial Park | LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 16, 1954 | REGISTRAR'S SIGNATURE Walter R. Trautz, M.D.

24. FUNERAL DIRECTOR William H. Kight, ADDRESS Cumberland, Md.

Dr. Schindler

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10002

10004 CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Nr. Cumberland, Md
MARYLAND LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. 2, Baltimore Pike

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rur. Nr. Cumberland, Maryland
STREET ADDRESS (If rural, give location) Route 2, Baltimore Pike

3. NAME OF DECEASED. (Type or Print) (First) Lillian (Middle) Helen (Last) Wallizer

4. DATE OF DEATH (Month) (Day) (Year) Nov. 27 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8 DATE OF BIRTH: Apr. 4, 1895

9 AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Washington County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Pitsnogle

14. MOTHER'S MAIDEN NAME: Catherine Weaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Hobart Wallizer, Rt.2, Cumberland, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420 IMMEDIATE CAUSE (A) Coronary Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive C.V. Disease — years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1950, to Nov. 27, 1954, that I last saw the deceased alive on Nov. 20, 1954, and that death occurred at 5:20 P.M., from the causes and on the date stated above.

SIGNATURE B. M. Schindler M.D. ADDRESS 41 Greene St Cumberland, Md. DATE SIGNED 11/29/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Nov. 30, 1954 — NAME OF CEMETERY OR CREMATORY Hillcrest Bur. Park — LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov. 30, 1954 — REGISTRAR'S SIGNATURE Wintes L. Tanty, M.D.

24. FUNERAL DIRECTOR John J. Hafer — ADDRESS Cumberland, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10005 CERTIFICATE OF DEATH

10003

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellerslie
LENGTH OF STAY (in this place) 64 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellerslie
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Mi) Lawenous (Last) Waltman

4. DATE OF DEATH (Month) Nov. (Day) 25, (Year) 1954

5. COLOR OR RACE: Male — White

6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Widowed

7. DATE OF BIRTH: Jan. 5, 1877

8. AGE (Last birthday) 77 yrs. If under 24 hrs. Hours / Min.

9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Inspector

9b. INDUSTRY: Penna. Railroad

10. BIRTHPLACE (City or County) Charlesville, Pa.

11. CITIZEN OF WHAT COUNTRY? USA

12. FATHER'S NAME: Harlen Waltman

13. MOTHER'S MAIDEN NAME: Martha Ressler

14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

15. SOCIAL SECURITY NO.: 716 10 3595

16. INFORMANT AND ADDRESS: Mrs. Millard Reed, Ellerslie, Md.

17. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocardosis — Interval between onset and death: 10 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) .....
(c) .....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

18a. DATE OF OPERATION

18b. MAJOR FINDINGS OF OPERATION

19. AUTOPSY? Yes ☐ No ☐

20. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

21. I hereby certify that I attended the deceased from Jan 1, 1949, to Nov 25, 1954, that I last saw the deceased alive on Nov 25, 1954, and that death occurred at 9.05 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Hyndman Pa DATE SIGNED Nov 27 1954

22. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 28, 1954 — NAME OF CEMETERY OR CREMATORY: Cooks Mills Cemetery — LOCATION (City, town, or county) (State): Hyndman, Pa. RD#1

DATE REC'D BY LOCAL REG. Nov 28 1954 — REGISTRAR'S SIGNATURE: D. Lloyd Wolfe

23. FUNERAL DIRECTOR — ADDRESS: Harvey H. Zeigler, Hyndman, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every information carefully. The correct age is especially important. Physicians: please write the causes clearly and legibly.

VS. A15

RECEIVED
NOV 30 1954
BUREAU V. S.

09977

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10004

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dead on arrival at the Sacred Heart Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: W.Va. COUNTY: Mineral
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Patterson Creek
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (First) Lloyd (Middle) Mitchell (Last) Welker

4. DATE OF DEATH: (Month) Nov. (Day) 5 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb.6-1908

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Pipe fitter helper

10b. KIND OF BUSINESS OR INDUSTRY: B&O.R.Ry.

11. BIRTHPLACE (State or foreign country): Keyser, W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Wallace Welker

14. MOTHER'S MAIDEN NAME: Mildred B.Kaufman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-03-8055

17. INFORMANT & ADDRESS: (wife) Hazel Ash Welker, Patterson Creek W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Acute cardiac failure	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Chronic myocarditis	several years
	DUE TO (c)		

11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Epileptic seizures — 2 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: H.V.Deming M.D. H.V.Deming M.D. M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED: Nov. 6-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Nov. 8 1954

NAME OF CEMETERY OR CREMATORY: Mt. Pleasant Cem.

LOCATION (City, town, or county) (State): Near Cumberland, Maryland

DATE REC'D BY LOCAL REG.: Nov 8, 1954

REGISTRAR'S SIGNATURE: Miles K Lantz, M.D.

24. FUNERAL DIRECTOR: Louis Stein, Inc.

ADDRESS: " "

Stein

DR. VAN ORMER,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 . 10005

09978 **CERTIFICATE OF DEATH** Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 34 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural give location) 300 N. CENTRE ST.

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) C. (Last) WICKARD

4. DATE OF DEATH (Month) NOV. (Day) 14 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 5/19/1900

9. AGE last birthday 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bottler LABORER

10B. KIND OF BUSINESS OR INDUSTRY: CUMB. BREWING CO.

11. BIRTHPLACE (State or foreign country): CUMBERLAND MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: RILEY W. WICKARD

14. MOTHER'S MAIDEN NAME: SUSANNA MC KENZIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-05-4843

17. INFORMANT & ADDRESS. MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Duodenal ulcer with hemorrhage multiple — INTERVAL BETWEEN ONSET AND DEATH 3 months

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertention — 2

19A. DATE OF OPERATION: 10-25-54, 11-3-54

19B. MAJOR FINDINGS OF OPERATION: Bleeding ulcer Duodenum: duodenal ulcer

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 11, , 1954, to 11-14, , 1954, that I last saw the deceased alive on 11-14, , 1954, and that death occurred at 1:20 P.M., from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Cumberland Md DATE SIGNED 11-15-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Nov. 17, 1954 — NAME OF CEMETERY OR CREMATORY St. Patrick's Cem — LOCATION (City, town, or county) Cumberland, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR Nov. 15, 1954 — REGISTRAR'S SIGNATURE Walter K. Frantz, M.D. — 24. FUNERAL DIRECTOR John J. Kafer, — ADDRESS "

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10006

09979 CERTIFICATE OF DEATH Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 405 Avirett Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 405 Avirett Avenue

3. NAME OF DECEASED: (Type or Print) (First) Caroline (Middle) Mary (Last) Williams

4. DATE OF DEATH: (Month) November (Day) 24 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed | 8. DATE OF BIRTH: Feb. 26, 1882 | 9. AGE last birthday 72 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | 10B. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John C Groening | 14. MOTHER'S MAIDEN NAME: Lena Potzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS: Miss Edith Williams 405 Avirette Ave

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Terminal Cardiac Failure — 2 weeks

(C) DUE TO Hypernephroma Right Kidney — 9 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953, to Nov 24, 1954, that I last saw the deceased alive on Nov 16, 1954, and that death occurred at 11:55 P M, from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS Cumberland Md DATE SIGNED 11/25/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11/27/54 | NAME OF CEMETERY OR CREMATORY St Lukes Cemetery | LOCATION (City, town, or county) (State) Cumberland Maryland

DATE REC'D BY LOCAL REGISTRAR Nov. 27, 1954 | REGISTRAR'S SIGNATURE Winter R. Frantz, M.D. | 24. FUNERAL DIRECTOR Louis Stein, Inc. ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

1954
BUREAU V.

DR J. H. DURRETT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10007

09980

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) ONE
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE MARYLAND COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FLINTSTONE
STREET ADDRESS (If rural give location) Rural. Near Flintstone

3. NAME OF DECEASED: (Type or Print) (First) LETHIA (Middle) (Last) WILLISON

4. DATE OF DEATH: (Month) NOV. (Day) 26 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: APRIL 17, 1868

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): MARYLAND. Allegany Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ISZAC WILLISON

14. MOTHER'S MAIDEN NAME: HANNAH ROBINETTE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Memorial Hospital Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Uraemia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis — 5 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 25, 1954, to Nov. 26, 1954 that I last saw the deceased alive on Nov. 26, 1954, and that death occurred at 1:50P. M, from the causes and on the date stated above.

SIGNATURE Clay E. Durrett M. D. ADDRESS Cumberland DATE SIGNED 11/27/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Nov. 30, 1954 — NAME OF CEMETERY OR CREMATORY Glendale Brethren Cem — LOCATION (City, town, or county) (State) Flintstone, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov 29, 1954 — REGISTRAR'S SIGNATURE Walter K. Frantz, M.D.

24. FUNERAL DIRECTOR John J. Hafer — ADDRESS Cumberland, Md

10006 10008

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 1

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 301

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rural) Little Orleans
LENGTH OF STAY (in this place) 2 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural) Little Orleans
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Nancy (Middle) Belle (Last) Wilson

4. DATE OF DEATH (Month) Nov. (Day) 8 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Aug. 7-1894

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months 2 Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Staunton, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: [illegible] Hamilton Nace

14. MOTHER'S MAIDEN NAME: Josephine Liptrap

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Husband) Leo B. Wilson, Little Orleans, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Intracranial hemorrhage (apoplexy)	About 7 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hypertention	About 10 months.
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H.V. Deming M.D. M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Nov. 8-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11-12-54

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) Arlington Va (State)

DATE REC'D BY LOCAL REG. 11-9-54

REGISTRAR'S SIGNATURE [illegible] Mrs. Fay Duckworth

24. FUNERAL DIRECTOR Howard J. Stone Hancock Md ADDRESS

VS. A15A - 5 - 53

Within corporate limits

DR. VAN ORMER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10009

09981 CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND 02; LENGTH OF STAY (in this place) 1 DAY; HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W.VA. COUNTY Hampshire; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ROMNEY 85x-3; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) (Last) WIRGMAN

4. DATE OF DEATH: (Month) NOV. (Day) 29 (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: 12-28-1867

9. AGE last birthday 86 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Investments for self only

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Romney, West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WIRGMAN, OCTAVIUS PETER

14. MOTHER'S MAIDEN NAME: RUSE, MARY JANE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
420.0 IMMEDIATE CAUSE	(A)	Terminal Cardiac Failure	1 week
ANTECEDENT CAUSE (S)	DUE TO	arteriosclerotic Heart Disease	?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	Generalized arteriosclerosis senility	?
	(C)	malnutrition	?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 Nov. 54, 19..., to 29 Nov., 1954, that I last saw the deceased alive on 28 Nov., 1954, and that death occurred at 5:45 A.M., from the causes and on the date stated above.

SIGNATURE W. Alfred Van Ormer M. D. ADDRESS Cumberland, md DATE SIGNED 29 Nov. 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 1 Dec '54; NAME OF CEMETERY OR CREMATORY Indian Mound; LOCATION (City, town, or county) (State) Romney W. Va.

DATE REC'D BY LOCAL REGISTRAR Nov. 30, 1954; REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR Threshis ADDRESS Romney W. Va.

RECEIVED
DEC 3
BUREAU V. S.

DR. BRINSFIELD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10010

09982

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mcoole
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) Eliza [redacted] (Last) YOCUM

4. DATE OF DEATH: (Month) NOV. (Day) 8 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE 7, 1884
9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): W.VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM NOGLE
14. MOTHER'S MAIDEN NAME: Prudence Rohe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1
IMMEDIATE CAUSE (A) Cardiac failure
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Generalized Cardio-Vascular Disease and DUE TO
(C) Senility

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Intestinal obstruction - possibly malignant lesion

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 5, 1954, to Nov 8, 1954, that I last saw the deceased alive on Nov 7, 1954, and that death occurred at 3:15 P.M., from the causes and on the date stated above.
SIGNATURE Carlton Brinsfield M. D.
ADDRESS 5 Washington St. Cumberland, Md
DATE SIGNED 11-8-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11-11-54
NAME OF CEMETERY OR CREMATORY Rethken Hill Cem
LOCATION (City, town, or county) Elk Garden (State) W. Va.

DATE REC'D BY LOCAL REGISTRAR Nov. 9, 1954
REGISTRAR'S SIGNATURE Winter R. Crawford, M.D.
24. FUNERAL DIRECTOR E. L. Boal
ADDRESS Westernport, Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 16 1954
BUREAU V. S.